SEC 1972 (6/99)

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
SE

FORM D

PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL
OMB Number: 3235-0076
Expires: May 31, 2005
Estimated average burden hours

05074562

DATE RECEIVED

Name of Offering:

Warrant grants
(check below if this is an amendment and name has changed, and indicate change.)

Filing Under (Check box(es) that apply):
[X] Rule 504 [] Rule 505 [] Rule 506 [] Section 4(6) [] ULOE

Type of Filing: [X] New Filing [] Amendment

A. BASIC IDENTIFICATION DATA

A. BASIC IDENTIFICATION DATA

1. Enter the information requested about the issuer.
Name of Issuer:

Aerielle, Inc.
(check above if this is an amendment and name has changed, and indicate change.)

Address of Executive Offices:

625 Ellis Street, Mountain View, CA 94043

(650) 967-4382

Number and Street, City, State, Zip

Telephone Number (include area code)

Number and Street, City, State, Zip	Telephone Number (include area code)
Brief Description of Business:	
Design and sales of wireless consum	er electronics
Гуре of Business Organization:	
	d partnership, already formed [] other (please specify): d partnership, to be formed
Actual or Estimated Date of Incorporation or	Month Year Organization: [12] [03] [X] Actual [] Estimated
,	(enter two-letter U.S. Postal Service abbreviation for State): ada; FN for other foreign jurisdiction) [CA]

Address of Principal Business Operations (if different from Executive Offices):

GENERAL INSTRUCTIONS:

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W. Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires that payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

2. Enter the information requested for the following:

- Each promoter of the issuer, if the issuer has been organized within the past five years;
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and of corporate general and managing partner of partnership issuers; and
- Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	[] Promoter	[X] Beneficial Owner	[X] Executive Officer	[X] Director	[] General and/or Managing
Full Name (Last n	ame first, if individ	dual):			Partner
Arthur L.	Cohen	··			
Business or Reside	ence Address (Nun	nber and Street, Ci	ty, State, Zip):		
625 Ellis	Street, Mountain V	View, CA 94043			
Check Box(es) that Apply:	[] Promoter	[] Beneficial Owner	[] Executive Officer	[X] Director	[] General and/or Managing Partner
Full Name (Last n	ame first, if individ	dual):			raiulei
Irina Coh	en	-			
Business or Reside	ence Address (Nun	nber and Street, Ci	ty, State, Zip):		
625 Ellis	Street, Mountain	liew, CA 94043	· Marine		
Check Box(es) that Apply:	[] Promoter	[] Beneficial Owner	[] Executive Officer	[X] Director	[] General and/or Managing Partner
Full Name (Last n	ame first, if indivi	dual):		•	Tarther
Martin Co	ohen				
Business or Reside	ence Address (Nun	nber and Street, Ci	ty, State, Zip):		
108 Hidd	en Creek Drive, H	atboro, Pennsylvai	nia 19040		
Check Box(es) that Apply:	[] Promoter	[] Beneficial Owner	[] Executive Officer	[X] Director	[] General and/or Managing Partner
Full Name (Last n	ame first, if indivi	dual):			T artifer
Dr. Mich	ael S. Pliner	·			
Business or Reside	ence Address (Nur	nber and Street, Ci	ty, State, Zip):		
625 Ellis	Street, Mountain	View, CA 94043			
Check Box(es) that Apply:	[] Promoter	[] Beneficial Owner	[] Executive Officer	[] Director	[] General and/or Managing Partner

Full Name (Last name first, if individual):
Business or Residence Address (Number and Street, City, State, Zip):
Check Box(es) [] Promoter [] Beneficial [] Executive [] Director [] General and/of that Apply: Owner Officer Managing Partner
Full Name (Last name first, if individual):
Business or Residence Address (Number and Street, City, State, Zip):
Check Box(es) [] Promoter [] Beneficial [] Executive [] Director [] General and/o that Apply: Owner Officer Managing Partner
Full Name (Last name first, if individual):
Business or Residence Address (Number and Street, City, State, Zip):
Use blank sheet, or copy and use additional copies of the sheets, as necessary.
B. INFORMATION ABOUT OFFERING
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? [] Yes [X] N
Answer also in Appendix, Column 2, if filing under ULOE.
2. What is the minimum investment that will be accepted from individual?
3. Does the offering permit joint ownership of a single unit?
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, an commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC andwith a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.
Full Name (Last name first, if individual):
(none)

Busine	Business or Residence Address (Number and Street, City, State, Zip):											
Name	of Associ	ated Brok	er or Dea	aler:								
	in Which							sers:				
[AL] [IL] [MT] [RI]	[AK] [IN]	[AZ] [IA] [NV]	[AR] [KS] [NH]	[CA] [KY]	[CO] [LA] [NM]	[CT] [ME]		[ND]	[MI] [OH]	[MN]		[ID] [MO] [PA] [PR]
Fuil Na	ame (Last	name fir	st, if indiv	vidual):								
Busine	ss or Resi	idence Ac	ldress (N	umber an	d Street,	City, Stat	e, Zip):					
Name	of Associ	ated Brok	er or Dea	ıler:								
	[IN] [NE]	es" or ch	eck indiv [AR] [KS] [NH]	idual stat [CA] [KY] [NJ]	es below: [CO] [LA] [NM]	[] A [CT] [ME]	ll States [DE] [MD] [NC]	sers: [DC] [MA] [ND] [WV]	[FL] [MI] [OH] [WV]	[MN]		[ID] [MO] [PA] [PR]
Full Na	ame (Last	name fir	st, if indi	vidual):								
Busine	ss or Resi	idence Ac	ldress (N	umber an	d Street,	City, Stat	e, Zip):					
Name (of Associ	ated Brok	er or Dea	ıler:								
	in Which						it Purcha	sers:				
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WV]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]

Use blank sheet, or copy and use additional copies of the sheets, as necessary.

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero". If the transaction is an exchange offering, check this box \square , and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.

Type of Security	Aggregate Offering Price	Amount Already Sold
Debt	\$ <u>0</u>	\$ 0
Equity	\$ 0	\$ <u>0</u>
[] Common [] Preferred		
Convertible Securities (including warrants)	\$ 25,028	\$ 0
Partnership Interests	. \$ 0	\$ 0
Other (Specify)	\$ 0	\$ 0
Total	\$ 25,028	\$ 0

Answer also in Appendix, Column 3, if filing under ULOE.

2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if the answer is "none" or "zero".

	Number of Investors	Aggregate Dollar Amount of Purchases
Accredited Investors	3	\$ 25,028
Non-accredited Investors	0	\$
Total (for filings under Rule 504 only)	3	\$ 25,028

Answer also in Appendix, Column 4, if filing under ULOE.

3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.

Type of Offering	Type of	Dollar Amount
	Security	Sold
Rule 505		\$ 0
Regulation A		\$ 0
Rule 504	Prd.Stk./Warrants	\$ 953,816.29
Total		\$ 953,816.29

4.a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not know, furnish an estimate and check the box to the left of the estimate.

Transfer Agent's Fees	\$
Printing and Engraving Costs []	\$
Legal Fees[X]	\$ 500.00
Accounting Fees	
Engineering Fees []	
Sales Commissions (specify finders' fees separately)	\$
Other Expenses (identify) []	\$
Total []	\$ <u>500.00</u>
b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This	0.04.500
difference is the "adjusted gross proceeds to the issuer."	\$ <u>24,528</u>

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not know, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b. above.

	Payments to Officers, Directors and Affiliates	to Others
Salaries and fees	. \$	[] \$
Purchase of real estate	Lj	\$
Purchase, rental or leasing and installation of machinery and equipment	[]	[] \$
Construction or leasing of plant buildings and facilities	[]	[]
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	[] . \$	[]
Repayment of indebtedness	[] . \$	[]
Working capital	[X] . \$ <u>24,528</u>	\[\] \[\] \[\]
Other (specify):		
	[] \$	[] \$
Column Totals	[]	[]
Total Payments Listed (column totals added)	[] . \$ <u>24,528</u>	[] \$

D. FEDERAL SIGNATURE

The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes as undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of is staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.

Issuer (Print or Type)	Signature	Date
Aerielle, Inc.	Salth	12/12/05
Name of Signer (Print or Type)	Title of Signer (Print or Type)	
Arthur L. Cohen	President and Chief Executive Off	icer

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001)

E. STATE SIGNATURE

1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?

[] Yes [X] No

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239,500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)

Aerielle, Inc.

Name of Signer (Print or Type)

Arthur L. Cohen

Signature

Date

12/1/4

President and Chief Executive Officer

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

1	2)	3			5			
•		-	J		4			Disqualifica	
									r State
			Type of security					ULOE	
	Intend	to sell	and aggregate					(if yes, attach	
	to non-ac		offering price		Type of inv			ation of	
	investors		offered in State		amount purchased in State				
	(Part B-	Item 1)	(Part C-Item 1)		(Part C-Item 2)				
		,			7,0	Number		`	-Item 1)
				Number		of Non-			
				of		Accredit			
State	Yes	No	<u>'</u>	Accredit	Amount	ed	Amount	Yes	No
				ed		Investors			
				Investors					
AL									-
AK									
AZ									
AR									
CA		X	Warrants	2	\$12,528				X
CO									
CT									
DE									
DC									
FL									
GA									
HI									
ID									
IL									
IN									
IA									
KS									
KY									
LA									
ME									
MD									
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MI									1,0
MN	ļ					ļ			
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MT									
NE									
NV									
NH									
NJ									
NM						<u> </u>	<u> </u>		
NY									
NC									
ND									
OH									
OK									

OR						
PA	X	Warrants	1	\$12,500	_	X

APPENDIX (con't)

	1								_
1	2		3	4			5		
									ification
							under State		
			Type of security				ULOE		
	Intend to sell		and aggregate					(if yes, attach	
	to non-accredited		offering price	Type of investor and				explanation of	
Į	investors in State		offered in State	amount purchased in State				waiver granted)	
1	(Part B-Item 1)		(Part C-Item 1)	(Part C-Item 2)				(Part E-Item 1)	
	,					Number of	-	` <u>`</u>	
}				Number of		Non-			
				Accredited		Accredited			
State	Yes	No		Investors	Amount	Investors	Amount	Yes	No
RI									1.0
SC		 			···				
SD	1								
TN									
TX									<u> </u>
UT									
VT	1								
VA									
WA									
WV									
WI									
WY									
PR									